

Image# 13962651610

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. DAVID PHILLIP ROE			2. Candidate's FEC Identification Number H6TN01388	
(b) Address (number and street) 2 CROSSBOW LANE			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code JOHNSON CITY TN 37604			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TN 01		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) CITIZENS TO ELECT PHIL ROE TO CONGRESS		
(b) Address (number and street) P.O. BOX 3218		
(c) City, State, and ZIP Code JOHNSON CITY TN 37602		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Dr. DAVID PHILLIP ROE  [Electronically Filed]	Date 05/17/2013
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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